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CONFIRMATION NO. 3295

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 10/124,783 04/17/2002 PAT 6,725,289  
 YES/TQN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE/TQN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 06/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>M. M. M. M. M.</i> Initials: <i>TQN</i>	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
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ADDRESS  
 36378  
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 94304

TITLE  
 Transparent memory address remapping

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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